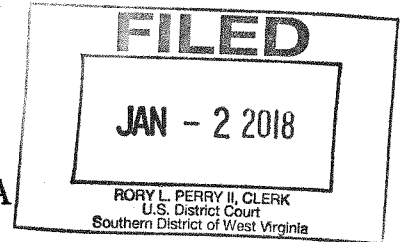


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA



Keith Pychlik

3516153

600 Shrewsbury St
Charleston WV 25309
1001 Centreway Charleston WV 25309

408 Locust St Central Islip NY 11722

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:18-cv-00004
(Number to be assigned by Court)

Bob Montgomery

711 Court Street

Charleston WV 25301

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No X

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: Heith William Ryckuz
600 Skirwebury St Charleston WV
25301
1001 Centre way Charleston WV 25309

Defendants: Rob Montgomery
111 Court St Charleston WV 25301

2. Court (if federal court, name the district; if state court, name the county);

Marshall County

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution?

Yes X No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No _____

C. If you answer is YES:

1. What steps did you take? Court staff
try to move ~~my~~ Case to different Judge they Refuse
2. What was the result? No help because
NO one understander me

D. If your answer is NO, explain why not: I'm a disability person
I have a hard time understander thing

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Keith William Rychlik
Address: 600 Shrewsbury St Charleston WV 25301

B. Additional Plaintiff(s) and Address(es): moving 40E Locust St
Central Islip NY 11722
1001 Centreway Charleston WV 25309

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Rob montgomery
 is employed as: Judge
 at 111 Court St

D. Additional defendants: Charleston : WV 25301

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

disrespectful Rude discriminate me day one I
Exit the Court room very unpresson on the job
he made Fun of me in the Court room and he give me
a dirty Look I fear for my Life went I see him
he do not understander Nothing about people with
Feeling and the same about people with a disability
that is Deaf and Like me I have a hard time understand
thing he made Fun of me in Court and he do not
Care about people like me

IV. Statement of Claim (continued):

I have Videotape of the Court Hearing on 8/15/17 and the same about 9/15/17 but I was not in court on 9/15/17 ~~It~~ tell Bob I can't hear that good and I do not do business over the phone I had hard time understander what is going on and He hang-up on me like a kid he is I was very uncomfortable that day on the phone. ~~There~~ and they give me 20 year Dwp on me for nothing they is no Just thing 20 year Dwp they is 30, 60, 90 180 day Dwp!

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

help me to understander the case and working to work with me because I'm a disability person that is Deaf and I'm a handicapp too, and NOT look at me differen and make me feel ^{good about} my own skin, I have a Learning disability and I have Autism too and I have to be Face to Face to Read they Lip

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A.

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No X

If so, state the lawyer's name and address:

Signed this 30 day of Dec, 2017.

Heath W Rycklik

600 Shrewsbury St

Charleston WV 25301

Heath W Rycklik

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/30/17
(Date)

Heath W Rycklik

Signature of Movant/Plaintiff

Signature of Attorney
(if any)